

00862.021922.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

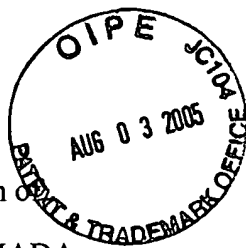
In re Application of:)	
	:	Examiner: N. El Hady
NOBORU HAMADA)	
	:	Group Art Unit: 2152
Application No.: 09/588,672)	
	:	
Filed: June 6, 2000)	
	:	
For: NETWORK DEVICE)	
MANAGING APPARATUS	:	
AND METHOD)	August 2, 2005

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER ALLOWANCE
UNDER 37 C.F.R. § 1.312

Sir:

Prior to issue, please amend the above-identified application as follows.



In re Application of
NOBORU HAMADA

Docket No. 00862.021922.

Examiner: N. El Hady

Application No.: 09/588,672

Group Art Unit: 2152

Filed: June 6, 2000

Date: August 2, 2005

For: NETWORK DEVICE MANAGING APPARATUS AND METHOD

Mail Stop Issue Fee
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Allowance in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 35	MINUS	** 35	= 0	x \$25 \$50	-0-
INDEP. CLAIMS	* 9	MINUS	*** 9	= 0	x \$100 \$200	-0-
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Frank L. Cire
Registration No. 42,419

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200
Form #120

CA_MAIN 99856v1